

Hawaii National Guard Youth Challenge Academy Monthly Mentor Tracking and Assessment



Reporting Period	to		* Report is due <u>10 DAYS</u> after th	e last reporting day
Graduate Class Mentor		Mentor Phone		
Contact(s) per month	between Mentor and Graduate?			
Where is Graduate livi	ing? (Place an "X" where applica		FRIENDS ALONE ST Zip Pl	UNKNOWN
PRAP * Please review	original PRAP placement options	and note any changes of	during every weekly meeting	
First Option (Plan A)	Second O	ption (Plan B)	Long Term Goal	
List any changes to Pla	acement options			
What does the Gradua	ate expect to gain from the chang	ges?		
Why did the Graduate	make the change?			
What is your position	on the changes?			
Is Graduate back in school or in higher education? Name of School Subject			Part-time	Full-time
Date Started (MM/DD	/YY) Date Er	nded (MM/DD/YY)	If ended, why?	
Is Graduate employed	?			
Name of Employer			Duty Title	
Name of Supervisor Wage/Salary No. of hours per week			Phone Part-time	Full-time
Date Started (MM/DD/YY) Date Ended (MM/DD/YY)			If ended, why?	T un-time
Is Graduate in the Mill Branch of Service	itary?	Date of Enlistment	Ship Date	
Active Duty	National Guard	Reserves		
Date (MM/DD/YY)	Type of Contact (Phone, Person, Letter, E-Mail, etc.)		Brief Summary (Use additional paper if needed)	
Mentor/Staff Signature		Per conversation v	with	Date
		THANK YOU FOR YO	UR SUPPORT!	
Please turn in your mo may send in your repo		n must report informat	ion to Washington for funding purposes.	For your convenience, you
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PO Box 75348 Kapolei, Hawaii 96707-0348 **Attn: Mentor Coordinator Office**